

## Correspondence

## Poor documentation of Section 136 of the Mental Health Act 1983

Sir,

There is varying evidence that the use and outcome of emergency powers of the Mental Health Act 1983, both sections 5(2) and 136, are influenced by patient demographics.<sup>1,2</sup> The use of section 136 has also been shown to vary geographically and it has been further demonstrated that knowledge and quality of documentation relating to the use of the section is poor across the professions.<sup>3–5</sup> We were interested in: (1) auditing the documentation and local policy adherence in our trust; and (2) to analyse the influence of known and other factors relevant to outcome with a view to expanding understanding of the use of the act in clinical practice.

The Lancashire Care NHS Trust, United Kingdom, consists of several Mental Health Units across the county serving a population of around 1,025,000 theoretically providing a large, multi-centre data set. It was disappointing that records going back to 1999 were extremely limited. In point of fact, completed forms and records were only available for 30 cases, of these 26 were completed to an extent to provide sufficient data so as to be usable for the purpose of analysis. Clearly we were not able to proceed.

Concerns about variable use, outcome and proper documentation of section 136 have been raised at least 10 years ago and yet little has apparently changed. In the first instance this clearly raises issues for local governance and measures are already underway to more properly record such information. Outside the locality our findings have dramatic and wide reaching implications, at the research and service development level evidence-based conclusions and management are impossible in the absence of data. At the individual patient level with conversion to other sections and subsequent tribunals, the total absence of the

legal documentation has the potential for creating risk and impinging on quality of care.

### Declaration of interest

None.

### References

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